

County: Waukesha
CLEARVIEW HOME CORPORATION
P.O. BOX 180198

Facility ID: P040

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DELAFIELD 53018 Phone:(262) 646-3361
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 13
Total Licensed Bed Capacity (12/31/02): 32
Number of Residents on 12/31/02: 11

Ownership: Nonprofit Church/Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? No
Average Daily Census: 9

| Services Provided to Non-Residents | | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | | | | Length of Stay (12/31/02) | | | |
|------------------------------------|-----|---|-------|------------|-------|---------------------------|--|---------------------------------|-------|
| | | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | | |
| Home Health Care | No | | | | | 1 - 4 Years | | | 72.7 |
| Supp. Home Care-Personal Care | Yes | | | | | More Than 4 Years | | | 18.2 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | . | Under 65 | 18.2 | | | | 9.1 |
| Day Services | No | Mental Illness (Org./Psy) | . | 65 - 74 | 0.0 | | | | ----- |
| Respite Care | No | Mental Illness (Other) | . | 75 - 84 | 27.3 | | | | 100.0 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | . | 85 - 94 | 45.5 | | | | ***** |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | . | 95 & Over | 9.1 | | | Full-Time Equivalent | |
| Congregate Meals | No | Cancer | . | | ----- | | | Nursing Staff per 100 Residents | |
| Home Delivered Meals | No | Fractures | . | | 100.0 | | | (12/31/02) | |
| Other Meals | No | Cardiovascular | . | 65 & Over | 81.8 | | | | ----- |
| Transportation | No | Cerebrovascular | . | | ----- | | | RNs | 48.4 |
| Referral Service | No | Diabetes | . | Sex | % | | | LPNs | 67.3 |
| Other Services | Yes | Respiratory | . | | ----- | | | Nursing Assistants, | |
| Provide Day Programming for | | Other Medical Conditions | . | Male | 18.2 | | | Aides, & Orderlies | 7.0 |
| Mentally Ill | No | | ----- | Female | 81.8 | | | | |
| Provide Day Programming for | | | . | | ----- | | | | |
| Developmentally Disabled | No | | | | 100.0 | | | | |

Method of Reimbursement

| Medicare (Title 18) | | | Medicaid (Title 19) | | | Other | | | Private Pay | | | Family Care | | | Managed Care | | | | | |
|------------------------|-----|-------|------------------------|-----|-----|---------------------|-----|-----|---------------------|-----|-------|---------------------|-----|-----|---------------------|-----|-----|---------------------|-------------------------|----------------|
| Level of Care | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | Total Resi- dents | % Of All |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Skilled Care | 1 | 100.0 | 200 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 8 | 80.0 | 200 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 9 | 81.8 |
| Intermediate | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 2 | 20.0 | 110 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 2 | 18.2 |
| Personal Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 1 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 10 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 11 | 100.0 |

| | | | | | | | | | |
|--|---------------|--|-------|----------------------|-------|--------------------------------------|-------|------------|-------|
| ***** | | | | | | | | | |
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02 | | | | | | | |
| | | ----- | | | | | | | |
| Percent Admissions from: | | Activities of | | % Needing | | % Totally | | Total | |
| | | Assistance of | | One Or Two Staff | | Dependent | | Number of | |
| | | Daily Living (ADL) | | Independent | | | | Residents | |
| Private Home/No Home Health | 71.4 | Bathing | | 0.0 | | 90.9 | | 11 | |
| Private Home/With Home Health | 0.0 | Dressing | | 27.3 | | 63.6 | | 9.1 | |
| Other Nursing Homes | 14.3 | Transferring | | 36.4 | | 63.6 | | 0.0 | |
| Acute Care Hospitals | 0.0 | Toilet Use | | 27.3 | | 63.6 | | 9.1 | |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Eating | | 90.9 | | 0.0 | | 9.1 | |
| Rehabilitation Hospitals | 0.0 | | | | | | | 11 | |
| Other Locations | 14.3 | ***** | | | | | | | |
| Total Number of Admissions | 28 | Continence | | % Special Treatments | | | | | |
| Percent Discharges To: | | Indwelling Or External Catheter | | 0.0 | | Receiving Respiratory Care | | 0.0 | |
| Private Home/No Home Health | 26.9 | Occ/Freq. Incontinent of Bladder | | 0.0 | | Receiving Tracheostomy Care | | 0.0 | |
| Private Home/With Home Health | 0.0 | Occ/Freq. Incontinent of Bowel | | 0.0 | | Receiving Suctioning | | 0.0 | |
| Other Nursing Homes | 11.5 | | | | | Receiving Ostomy Care | | 0.0 | |
| Acute Care Hospitals | 7.7 | Mobility | | | | Receiving Tube Feeding | | 0.0 | |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Physically Restrained | | 0.0 | | Receiving Mechanically Altered Diets | | 0.0 | |
| Rehabilitation Hospitals | 0.0 | | | | | | | | |
| Other Locations | 7.7 | Skin Care | | | | Other Resident Characteristics | | | |
| Deaths | 46.2 | With Pressure Sores | | 0.0 | | Have Advance Directives | | 0.0 | |
| Total Number of Discharges | | With Rashes | | 0.0 | | Medications | | | |
| (Including Deaths) | 26 | | | | | Receiving Psychoactive Drugs | | 0.0 | |
| ***** | | | | | | | | | |
| Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities | | | | | | | | | |
| ***** | | | | | | | | | |
| | This Facility | Ownership: | | Bed Size: | | Licensure: | | All | |
| | % | Nonprofit Peer Group | | Under 50 Peer Group | | Skilled Peer Group | | Facilities | |
| | | % | Ratio | % | Ratio | % | Ratio | % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 28.1 | 85.6 | 0.33 | 71.9 | 0.39 | 84.2 | 0.33 | 85.1 | 0.33 |
| Current Residents from In-County | 36.4 | 88.1 | 0.41 | 77.5 | 0.47 | 85.3 | 0.43 | 76.6 | 0.47 |
| Admissions from In-County, Still Residing | 3.6 | 23.6 | 0.15 | 30.6 | 0.12 | 21.0 | 0.17 | 20.3 | 0.18 |
| Admissions/Average Daily Census | 311.1 | 134.2 | 2.32 | 106.0 | 2.94 | 153.9 | 2.02 | 133.4 | 2.33 |
| Discharges/Average Daily Census | 288.9 | 140.2 | 2.06 | 100.7 | 2.87 | 156.0 | 1.85 | 135.3 | 2.14 |
| Discharges To Private Residence/Average Daily Census | 77.8 | 46.8 | 1.66 | 15.9 | 4.89 | 56.3 | 1.38 | 56.6 | 1.38 |
| Residents Receiving Skilled Care | 81.8 | 90.1 | 0.91 | 69.5 | 1.18 | 91.6 | 0.89 | 86.3 | 0.95 |
| Residents Aged 65 and Older | 81.8 | 96.3 | 0.85 | 90.1 | 0.91 | 91.5 | 0.89 | 87.7 | 0.93 |
| Title 19 (Medicaid) Funded Residents | 0.0 | 52.8 | 0.00 | 60.3 | 0.00 | 60.8 | 0.00 | 67.5 | 0.00 |
| Private Pay Funded Residents | 90.9 | 34.8 | 2.61 | 37.1 | 2.45 | 23.4 | 3.89 | 21.0 | 4.32 |
| Developmentally Disabled Residents | . | 0.6 | . | 0.0 | . | 0.8 | . | 7.1 | 0.00 |
| Mentally Ill Residents | . | 35.2 | . | 41.1 | . | 32.8 | . | 33.3 | 0.00 |
| General Medical Service Residents | . | 23.7 | . | 19.9 | . | 23.3 | . | 20.5 | 0.00 |
| Impaired ADL (Mean) | 38.2 | 50.5 | 0.76 | 48.7 | 0.78 | 51.0 | 0.75 | 49.3 | 0.77 |
| Psychological Problems | 0.0 | 54.7 | . | 56.3 | . | 53.9 | . | 54.0 | 0.00 |
| Nursing Care Required (Mean) | . | 7.2 | . | 6.7 | . | 7.2 | . | 7.2 | 0.00 |